

reach the kidney pelvis, was enlarged by a second one, 12 cm. in length, running transversely from the edge of the former. Kidney then luxated anteriorly and found to measure 18 cm. in length. A calculus was present in the pelvis jammed into the orifice of the ureter. When this was removed, a probe, introduced into the ureter, detected the presence of a second calculus stuck fast about 10 cm. below the pelvic orifice. This was removed by gentle traction between the fingers. Kidney replaced, several drainage tubes introduced, the transverse incision and upper portion of the longitudinal one sutured. Dressings of iodoform gauze. Three hours later 310 ccm. of nearly clear urine were passed per vias naturales, and the mattress was found saturated. Separate examination of the urine passed through the bladder and through the wound showed that the latter possessed a much greater quantity of coloring matters, albumen, and a much higher specific gravity, thus proving that the right kidney had resumed its functions at the same time as the left. Until the fifth day post op. the patient's condition was satisfactory. Then, however, there was a distinct change for the worse. Symptoms of uræmic intoxication showed themselves, hallucinations, illusions, etc. Microscopic examination revealed numerous epithelial cylindrical formations, epithelium from the renal pelvis, etc., in the urine. During three consecutive nights the drainage tubes became displaced owing to the restlessness of the patient. On the ninth day great decrease in the amount of urine. Delirium, coma, and death followed. In the autopsy no further calculi were found in either kidney. The pelvis of the right kidney was distended and the organ itself much shrunken. The left was much enlarged, and showed the evidences of recent purulent infiltration of the cortex. This purulent infiltration, the author states, was caused by infection due to the infiltration of urine in the perirenal tissues, in consequence of displacement of the dressings by the patient.—*Deutsch. Med. Wochenschrift*, No. 1 Jan. 5, 1888.

C. J. COLLES (New York).

IV. Cases of Nephrolithotomy. By D. HAYES AGNEW, M.D. (Philadelphia), ANDREW J. MCCOSH, M.D. (New York). A man, æt.

38, had suffered at times for ten years from renal colic, which had culminated in continuous lumbar pains with thick ropy urine containing pus, blood and renal epithelium, and other symptoms denoting a calculus in the left kidney. By a lumbar incision the kidney was reached, opened, and a considerable quantity of pus and urine evacuated, together with two stones, one in the pelvis of the kidney, and the other in the ureter, the two weighing 473 grains. The operation was done antiseptically, and the patient made a rapid and uninterrupted recovery.—*Medical News*, Feb. 4, 1888.

Dr. McCosh's case occurred in a woman, æt. 28, who had suffered since childhood from pains in her right loin. Her trouble had been variously diagnosed, for there had been no distinctive symptoms. Exploration of the kidney was decided upon, and a mulberry calculus weighing 120 grains was removed through a lumbar incision. The operation was complicated by the kidney being about three inches below its normal position. The patient made a good recovery, and is improved in general health.—*N. Y. Med. Jour.* April 14, 1888.

JAMES E. PILCHER (U.S. Army.)

V. Extirpation of a Floating Cystic Kidney. By DR. O. RIEGNER. (Breslau), Patient, a married woman, æt. 30 years, had suffered since her last confinement, in 1872, from occasional pains in the back and abdomen, but not enough to prevent her attending to her work.

In 1880, she fell down a flight of stone stairs, sustaining thereby a concussion on the left side over the lower ribs, in consequence of which she was confined to her bed for several days. Since then the pain in the left lumbar region increased in frequency and intensity, accompanied by vomiting, loss of appetite, constipation, etc. Menses regular. When first seen (Sept. 1886), a slight vesical catarrh was present, and the daily amount of urine varied between 1500 and 2000 ccm. Patient was a strongly built person with a very pale complexion. Examination showed the presence of a tumor of rather hard consistency, egg-shaped, and with a smooth surface, in the left hypochondriac region. Length of tumor appeared to be about 18 cm., its breadth 10-12 cm. When patient assumed an erect position the tumor would change its position, sinking down anteriorly, and it could